APR 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County: Andrew — Registration District No.: 10 — File No.: 10988

Township: Monroe — Primary Registration District No.: 5013 — Registered No.: 4

City: (No. 5 Mi.so.east of Cosby, Mo. St. Ward)

2. FULL NAME Wilhelmena Wagenfield

(a) Residence, No. Andrew Co. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Henry Wagenfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct, 2, 1848

7. AGE: YEARS 88 — MONTHS 5 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co, Mo.

FATHER

13. NAME: Francis Flad
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Germany

MOTHER

15. MAIDEN NAME: Agatha Bieter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Germany

17. INFORMANT (ADDRESS): W.H.Wagenfield St.Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cosby Evangelical Cemetery DATE: Mar, 18, 1937

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St Joseph, Mo.

20. FILED 3-16 1937 J.H. Bledsoe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar, 12, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar-12- 1937, to Mar-12- 1937

I last saw her alive on Mar-12- 1937. Death is said to have occurred on the date stated above, at 10.45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset: ?

Other contributory causes of importance: ✓

Name of operation: None — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Dr. J. M. Antes, M.D.

(Address) Stewartsville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2 100M 1-20-36 X7044